

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:**

U.S. APPLICATIONS		STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
60/043,539	14 April 1997			

  

PCT APPLICATIONS DESIGNATING THE U.S.		
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)
PCT/US97/17031	23 September 1997 (23.09.97)	

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Joseph S. Tripoli	- Reg. No. 26,040
Eric P. Herrmann	- Reg. No. 29,169
Alexander J. Burke	- Reg. No. 40,425

**Send Correspondence to:**

Mr. Joseph S. Tripoli - Patent Operations  
 THOMSON multimedia Licensing Inc.  
 PO Box 5312  
 Princeton, New Jersey 08540 US

**Direct Telephone Calls to:**  
 (name and telephone number)

1-609-734-9503

201	FULL NAME OF INVENTOR	FAMILY NAME <u>WEHMEYER</u>	FIRST GIVEN NAME <u>Keith</u>	SECOND GIVEN NAME <u>Reynolds</u>
	RESIDENCE & CITIZENSHIP	CITY <u>Fishers</u> <u>IN</u>	STATE OR FOREIGN COUNTRY <u>Indiana</u>	COUNTRY OF CITIZENSHIP <u>US</u>
	POST OFFICE ADDRESS	<div style="display: flex;"> <div style="flex: 1;">POST OFFICE ADDRESS <u>6411 Columbia Circle</u></div> <div style="flex: 1;">CITY <u>Fishers</u></div> <div style="flex: 1;">STATE &amp; ZIP CODE/COUNTRY <u>Indiana 46038 US</u></div> </div>		
202	FULL NAME OF INVENTOR	FAMILY NAME <u>LOGAN</u>	FIRST GIVEN NAME <u>Robert</u>	SECOND GIVEN NAME <u>Joseph</u>
	RESIDENCE & CITIZENSHIP	CITY <u>Indianapolis</u> <u>IN</u>	STATE OR FOREIGN COUNTRY <u>Indiana</u>	COUNTRY OF CITIZENSHIP <u>US</u>
	POST OFFICE ADDRESS	<div style="display: flex;"> <div style="flex: 1;">POST OFFICE ADDRESS <u>7520 Prairie View Lane</u></div> <div style="flex: 1;">CITY <u>Indianapolis</u></div> <div style="flex: 1;">STATE &amp; ZIP CODE/COUNTRY <u>Indiana 46256 US</u></div> </div>		
203	FULL NAME OF INVENTOR	FAMILY NAME <u>COMER</u>	FIRST GIVEN NAME <u>Robert</u>	SECOND GIVEN NAME <u>Skipworth</u>
	RESIDENCE & CITIZENSHIP	CITY <u>Carmel</u> <u>IN</u>	STATE OR FOREIGN COUNTRY <u>Indiana</u>	COUNTRY OF CITIZENSHIP <u>US</u>
	POST OFFICE ADDRESS	<div style="display: flex;"> <div style="flex: 1;">POST OFFICE ADDRESS <u>14 Shady Lane</u></div> <div style="flex: 1;">CITY <u>Carmel</u></div> <div style="flex: 1;">STATE &amp; ZIP CODE/COUNTRY <u>Indiana 46033 US</u></div> </div>		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 <u>Keith Reynolds Wehmeyer</u>	SIGNATURE OF INVENTOR 202 <u>Robert Joseph Logan</u>	SIGNATURE OF INVENTOR 203 <u>Robert Skipworth Comer</u>
DATE <u>Keith Reynolds Wehmeyer</u> 1999	DATE <u>Robert Joseph Logan</u> 1999	DATE <u>Robert Skipworth Comer</u> 1999

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM FOR COLLATING DATA FROM MULTIPLE SOURCES TO FORM A

COMPOSITE PROGRAM GUIDE FOR DISPLAY

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No. \_\_\_\_\_

on \_\_\_\_\_

and was amended

on \_\_\_\_\_ (if applicable).

☒ was filed as PCT international application

Number PCT/US97/17031

on 23 September 1997

and was amended under PCT Article ~~19~~ 34

on 22 April 1999 (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY  
(Continued)

204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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SIGNATURE OF INVENTOR 204		SIGNATURE OF INVENTOR 205		SIGNATURE OF INVENTOR 206
DATE		DATE		DATE

RCA 88321

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM FOR COLLATING DATA FROM MULTIPLE SOURCES TO FORM A  
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on \_\_\_\_\_

and was amended

on \_\_\_\_\_ (if applicable).

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			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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Princeton, New Jersey 08540 US

**Direct Telephone Calls to:**  
(name and telephone number)

1-609-734-9503

201	FULL NAME OF INVENTOR	FAMILY NAME WEHMEYER	FIRST GIVEN NAME Keith	SECOND GIVEN NAME Reynolds
	RESIDENCE & CITIZENSHIP	CITY Fishers	STATE OR FOREIGN COUNTRY Indiana	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 6411 Columbia Circle	CITY Fishers	STATE & ZIP CODE/COUNTRY Indiana 46038 US
202	FULL NAME OF INVENTOR	FAMILY NAME LOGAN	FIRST GIVEN NAME Robert	SECOND GIVEN NAME Joseph
	RESIDENCE & CITIZENSHIP	CITY Indianapolis	STATE OR FOREIGN COUNTRY Indiana	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 7520 Prairie View Lane	CITY Indianapolis	STATE & ZIP CODE/COUNTRY Indiana 46256 US
203	FULL NAME OF INVENTOR	FAMILY NAME COMER	FIRST GIVEN NAME Robert	SECOND GIVEN NAME Skipworth
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS 14 Shady Lane	CITY Carmel	STATE & ZIP CODE/COUNTRY Indiana 46033 US

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SIGNATURE OF INVENTOR 201 Keith Reynolds Wehmeyer	SIGNATURE OF INVENTOR 202 Robert Joseph Logan	SIGNATURE OF INVENTOR 203 Robert Skipworth Comer
DATE 1999	DATE 1999	DATE 1999

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY  
(Continued)

204	FULL NAME OF INVENTOR	FAMILY NAME <u>CROSBY</u>	FIRST GIVEN NAME <u>Sheila</u>	SECOND GIVEN NAME <u>Renee</u>
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205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
SIGNATURE OF INVENTOR 204		SIGNATURE OF INVENTOR 205		SIGNATURE OF INVENTOR 206
<u>Sheila Renee Crosby</u>				
DATE <u>1999</u>		DATE		DATE

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